



General Assembly

January Session, 2009

***Raised Bill No. 1113***

LCO No. 4704

\*04704\_\_\_\_\_HS\_\*

Referred to Committee on Human Services

Introduced by:  
(HS)

***AN ACT CONCERNING MEDICAID.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1       Section 1. (NEW) (*Effective from passage*) Not later than April 1, 2009,  
2       the Commissioner of Social Services shall apply for a home and  
3       community-based services waiver pursuant to Section 1915(c) of the  
4       Social Security Act that will allow the commissioner to develop and  
5       implement a program for the provision of home or community-based  
6       services, as defined in 42 CFR 440.180, to not more than one hundred  
7       persons currently receiving services under the Medicaid program who  
8       (1) have tested positive for human immunodeficiency virus or have  
9       acquired immune deficiency syndrome, and (2) would remain eligible  
10      for Medicaid if admitted to a hospital, nursing facility or intermediate  
11      care facility for the mentally retarded, or in the absence of the services  
12      that are requested under such waiver, would require the Medicaid  
13      covered level of care provided in such facilities. In accordance with 42  
14      CFR 440.180, such persons shall be eligible to receive services that are  
15      deemed necessary by the commissioner to meet their unique needs in  
16      order to avoid institutionalization.

17 Sec. 2. Subsection (b) of section 17b-28 of the general statutes is  
18 repealed and the following is substituted in lieu thereof (*Effective July*  
19 *1, 2009*):

20 (b) The council shall make recommendations concerning (1)  
21 guaranteed access to enrollees and effective outreach and client  
22 education; (2) available services comparable to those already in the  
23 Medicaid state plan, including those guaranteed under the federal  
24 Early and Periodic Screening, Diagnostic and Treatment Services  
25 Program under 42 USC 1396d; (3) the sufficiency of provider networks;  
26 (4) the sufficiency of capitated rates provider payments, financing and  
27 staff resources to guarantee timely access to services; (5) participation  
28 in managed care by existing community Medicaid providers; (6) the  
29 linguistic and cultural competency of providers and other program  
30 facilitators; (7) quality assurance; (8) timely, accessible and effective  
31 client grievance procedures; (9) coordination of the Medicaid managed  
32 care plan with state and federal health care reforms; (10) eligibility  
33 levels for inclusion in the program; (11) cost-sharing provisions; (12) a  
34 benefit package; (13) coordination with coverage under the HUSKY  
35 Plan, Part B; (14) the need for program quality studies within the areas  
36 identified in this section and the department's application for available  
37 grant funds for such studies; (15) the managed care portion of the  
38 state-administered general assistance program; [and] (16) other issues  
39 pertaining to the development of a Medicaid Research and  
40 Demonstration Waiver under Section 1115 of the Social Security Act;  
41 (17) the Charter Oak Health Plan; and (18) the primary care case  
42 management pilot program, established pursuant to section 17b-307.

43 Sec. 3. Subsection (a) of section 17b-276 of the general statutes is  
44 repealed and the following is substituted in lieu thereof (*Effective July*  
45 *1, 2009*):

46 (a) The Commissioner of Social Services shall identify geographic  
47 areas of the state where competitive bidding for nonemergency  
48 transportation services provided to medical assistance recipients to

49 access covered medical services would result in cost savings to the  
50 state. For the identified areas, the Commissioner of Social Services, in  
51 consultation with the Commissioner of Transportation, the  
52 Commissioner of Public Health and the Secretary of the Office of  
53 Policy and Management, shall purchase such nonemergency  
54 transportation services through a competitive bidding process. Any  
55 transportation providers awarded a contract or subcontract for the  
56 direct provision of such services shall meet state licensure or  
57 certification requirements and the nonemergency transportation  
58 requirements established by the Department of Social Services, and  
59 shall provide the most cost effective transportation service, provided  
60 any contractor awarded a contract solely for coordinating such  
61 transportation services shall not be required to meet such licensure or  
62 certification requirements and provided the first such contracts for the  
63 purchase of such services shall not exceed one year. Prior to awarding  
64 a contract pursuant to this section, the Commissioner of Social Services  
65 shall consider the effect of the contract on the emergency ambulance  
66 primary service areas and volunteer ambulance services affected by  
67 the contract. The commissioner may limit the geographic areas to be  
68 served by a contractor and may limit the amount of services to be  
69 performed by a contractor. The commissioner may operate one or  
70 more pilot programs prior to state-wide operation of a competitive  
71 bidding program for nonemergency transportation services. By  
72 enrolling in the Medicaid program or participating in the  
73 competitively bid contract for nonemergency transportation services,  
74 providers of nonemergency transportation services agree to offer to  
75 recipients of medical assistance all types or levels of transportation  
76 services for which they are licensed or certified. Effective October 1,  
77 1991, payment for such services shall be made only for services  
78 provided to an eligible recipient who is actually transported. A  
79 contract entered into pursuant to this section may include services  
80 provided by another state agency. Notwithstanding any provision of  
81 the general statutes, a contract entered into pursuant to this section  
82 shall establish the rates to be paid for the transportation services

83 provided under the contract. A contract entered into pursuant to this  
84 section may include services provided by another state agency and  
85 shall supersede any conflicting provisions of the regulations of  
86 Connecticut state agencies pertaining to medical transportation  
87 services. Any contractor awarded a contract solely for coordinating  
88 nonemergency transportation services for medical assistance  
89 recipients, who also coordinates transportation services for  
90 nonmedical assistance recipients, shall disclose to any transportation  
91 provider, with whom it subcontracts to provide nonemergency  
92 transportation services under this section, the source of payment at the  
93 time the service is requested.

94 Sec. 4. (NEW) (*Effective July 1, 2009*) The Commissioner of Social  
95 Services shall provide coverage under the Medicaid program for  
96 nonemergency transportation by ambulance without prior  
97 authorization for a patient who is: (1) Discharged from an acute care  
98 hospital, long-term acute care hospital, psychiatric facility or  
99 rehabilitation facility, and admitted as a new admission to another  
100 facility, including a residential care facility, skilled nursing facility,  
101 psychiatric facility, rehabilitation facility or long-term acute care  
102 hospital, where prior authorization has been granted for the new  
103 admission; (2) discharged from an acute care hospital, long-term acute  
104 care hospital, psychiatric facility or rehabilitation facility, and returned  
105 to his or her residence in a residential care facility, skilled nursing  
106 facility, psychiatric facility, rehabilitation facility or long-term acute  
107 care hospital; or (3) transported to a doctor's office, treatment facility or  
108 testing facility either free standing or within a hospital, provided one  
109 of the following conditions is met: (A) The patient is on oxygen not  
110 available to the patient except by ambulance, (B) the patient is unable  
111 to sit in a wheelchair or tolerate any other means of transport other  
112 than a stretcher due to risk of injury, or (C) the patient's medical  
113 condition requires monitoring by trained personnel.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>July 1, 2009</i>	17b-28(b)
Sec. 3	<i>July 1, 2009</i>	17b-276(a)
Sec. 4	<i>July 1, 2009</i>	New section

**Statement of Purpose:**

To improve services provided to Medicaid beneficiaries.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*